

TEFAP COMMODITY LOSS REPORT

Use of form: This form is used by the EFO which must report all losses of TEFAP commodities to the Division of Children and Family Services for compliance with the State/Agency Agreement.

Instructions: All losses of TEFAP commodities with a value of over \$100, must be reported immediately to the Division within fifteen days of the occurrence or discovery on the Inventory of TEFAP Commodities (CFS-2003) and TEFAP Commodity Loss Report (CFS-2004). All loss of TEFAP commodities having a value less than \$100, must be reported to the Division by the 15th of the month following the loss. These losses must be reported on the Inventory of TEFAP Commodities Pantry, Soup Kitchen, and Shelter Report (CFS-2002) and/or the Inventory of TEFAP Commodities (CFS-2003). Commodities cannot be disposed of without prior written authorization from DHFS. It is important that all applicable questions are answered each time a report is filed. Provide any additional relevant details as an attachment to completed form. Make one copy of complete form for your files. The original must be mailed to the address below:

**Wisconsin Department of Health and Family Services
Division of Children and Family Services
Hunger Prevention Unit
1 West Wilson Street, Room 531
Madison, WI 53703**

| | | | |
|--|---|--|---------------------------|
| Name - EFO | | Agreement Number | |
| Address - EFO (Street/City/State/Zip Code) | | | |
| Name - Contract Person | | Title | Telephone Number |
| TEFAP Commodity Disposition - check one <input type="checkbox"/> Theft <input type="checkbox"/> Spoiled <input type="checkbox"/> Theft by Fraud <input type="checkbox"/> Damaged <input type="checkbox"/> Other (specify): | | | |
| Date - Loss and/or Damage Occurred or was Discovered | | Time of Loss - Approximate A.M. or P.M. | |
| Has Your Agency Experiences a Prior/Similar Loss? <input type="checkbox"/> Yes <input type="checkbox"/> No | Claim Report Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Date - Claim Report Filed |
| Loss/Damage Occurred at - check one <input type="checkbox"/> Pantry <input type="checkbox"/> Soup Kitchen <input type="checkbox"/> Shelter <input type="checkbox"/> Agency Storage Site (other than DPI warehouse) <input type="checkbox"/> Commercial Locker Plant/Warehouse | | | |
| Address - Loss/Damage Location (Street/City/Zip Code) | | Do not list address of commercial locker plant/warehouse | |

If commodities were stolen, complete the following.

Are the following storage areas locked? Freezers - ☐ Yes ☐ No Refrigerators - ☐ Yes ☐ No
Dry Storage Areas - ☐ Yes ☐ No

Was a police investigation conducted? ☐ Yes ☐ No If "Yes", attach a copy of the report to this form.

Does the agency have insurance to cover the loss? ☐ Yes ☐ No

If "Yes, has a claim been filed with the insurance company? ☐ Yes ☐ No

If commodities were obtained in a fraudulent manner, complete the following.

List name(s) of person(s) proven to have obtained commodities in a fraudulent manner

Method(s) used by provider agency to resolve occurrence.

- ☐ Requested the individual(s) to pay the full market value of the fraudulently obtained commodities.
☐ Resolved by local law enforcement investigation.

Name - Law Enforcement Agency

Name - Investigating Officer

[illegible]

Provide full description of loss (Attach separate sheet(s) if necessary)

SIGNATURE - Authorized EFO Representative

Telephone Number

Date Signed
